



2008 Montana S Corporation Information and Composite Tax Return

Attach a copy of federal Form 1120S and Schedule K-1(s)

S
MONTANA
CLT-4S
Rev. 5-08

For calendar year 2008 or tax year beginning (MM-DD) ____ - ____ - **08** and ending (MM-DD-YY) ____ - ____ - ____

Name	Check box if this is a change of address. <input type="checkbox"/>	FEIN: _____ Federal Business Code: _____
Mailing Address		Incorporated in State of: _____ Date: _____ Date Qualified in Montana: _____
City	State	Zip + 4

☐ Check here, if you do not need the Montana S Corporation Information Return and Instructions sent to you next year.

☐ Check here, if you are filing Schedule V, Backup Withholding Payments with this return.

☐ Check here, if you are requesting a refund with this return.

☐ Check if this an initial return

☐ Check here if this is an amended return

☐ Check if this is a final return

If you check the box above, check all that apply below:

Reason for final return

☐ a. Withdrawn

☐ b. Dissolved

☐ c. Merged

☐ d. Reorganized

☐ a. Federal Revenue Agent Report (a complete copy of this report is required)

☐ b. Apportionment factor changes (attach a statement explaining adjustments)

☐ c. Amended federal return

☐ d. Amended composite return

☐ e. Other (attach a statement explaining all adjustments in detail)

Shareholders' Pro Rata Share Items (Form 1120S, Schedule K)

1. Ordinary business income (loss)	1.	
2. Net rental real estate income (loss) (attach federal Form 8825)	2.	
3. a. Other gross rental income (loss).....	3a.	
b. Expenses from other rental activities (attach schedule)	3b.	
c. Subtract line 3b from line 3a. This is your other net rental income or loss.	3c.	
4. Interest income	4.	
5. Ordinary dividends.....	5.	
6. Royalties.....	6.	
7. Net short-term capital gain (loss) (attach federal Schedule D, Form 1120S)	7.	
8. Net long-term capital gain (loss) (attach federal Schedule D, Form 1120S)	8.	
9. Net section 1231 gain (loss) (attach federal Form 4797)	9.	
10. Other income (loss)	10.	
11. Add lines 1 through 10 and enter result. This is your total share of income or loss.	11.	

Shareholders' Shares of Deduction (Form 1120S, Schedule K)

12. Section 179 deduction (attach federal Form 4562)	12.	
13. a. Contributions.....	13a.	
b. Investment interest expense	13b.	
c. Section 59(e)(2) expenditures (attach detailed schedule)	13c.	
d. Other deductions (attach detailed schedule)	13d.	
14. Add lines 12 through 13d and enter result. This is your total share of deductions.	14.	

Shareholders' Distributive Shares of Montana Additions and Exclusions to Income

15. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions)	15a.	
b. Taxes based on income or profits	15b.	
c. Other additions (attach a detailed breakdown)	15c.	
Add lines 15a, 15b, and 15c and enter result. This is your total Montana additions to income.	15.	
16. a. Interest on U.S. Government obligations (attach schedule)	16a.	
b. Deduction for purchasing recycled material (attach Form RCYL)	16b.	
c. Other deductions (attach detailed breakdown)	16c.	
Add lines 16a, 16b, and 16c and enter result. This is your total Montana deductions to income.	16.	
17. Subtract line 14 from line 11. Add the result to line 15, then subtract line 16 from that result	17.	

Shareholders' Distributive Shares of Multi-state Apportionment and Allocation

18. Income apportioned to Montana. Multiply line 17 X ____ % from Schedule I, line 5 and enter the result.	18.	
19. Income allocated to Montana. Enter the income or loss allocated directly to Montana (see instructions)	19.	
20. Add lines 18 and 19 and enter result. This is the total Montana source income for multi-state taxpayers.....	20.	

Entity name _____ Tax period ending _____ FEIN _____

Calculation of Net Amount Due**S Corporation Information Return Late Filing Penalty**

21. S corporation information return late filing penalty (see instructions).....21. _____

S Corporation Composite Return Tax

22. Enter your Montana total composite tax from Schedule IV, column J22. _____

S Corporation Montana Mineral Royalty Withholding

23. a. Total Montana mineral royalty withholding as reported on federal Form 1099(s)....23a. _____
 b. Mineral royalty withholding attributable to Montana residents.....23b. _____
 c. Mineral royalty withholding attributable to non-residents not reporting on
 Schedule IV23c. _____
 d. Add lines 23b and 23c. This is the total mineral royalty withholding reported
 by shareholders on their income tax returns.....23d. _____
 e. Subtract line 23d from 23a. This is the mineral royalty withholding attributable to
 non-residents reporting on Schedule IV23e. _____

Return Payments

24. a. 2007 overpayment applied to 200824a. _____
 b. 2008 estimated payments.....24b. _____
 c. 2008 extension payment.....24c. _____
 d. Other payments24d. _____
 e. Previously issued refunds (amended returns only—see instructions).....24e. ()
 f. Add lines 24a through 24e and enter the result here. **This is your total return payments.**24f. _____
 25. Add lines 23e and 24f and subtract the amount from line 22. **This is your Montana net composite
 tax due or (overpaid).**25. _____

Composite Return Penalties and Interest (see instructions)

26. Interest on underpayment of estimated taxes26. _____
 27. Composite income tax return late filing penalty.....27. _____
 28. Composite income tax return late payment penalty28. _____
 29. Interest.....29. _____
 30. Add lines 26 through 29. **This is your Montana composite penalties and interest.**.....30. _____

Refund or Amount Owed

31. Add lines 21, 25 and 30 and enter the result here31. _____
 32. If line 31 results in a net amount due, enter it here. **This is the amount you owe.**32. _____
 33. If the amount on line 31 results in an overpayment, enter it here. **This is your overpayment.**33. _____
 34. Enter the amount on line 33 you want applied to your 2009 composite estimated tax ..34. _____
 35. Subtract line 34 from line 33 and enter the amount here. **This is your refund.**35. _____

S Corporation Backup Withholding Payment from Schedule V

36. Enter your Montana corporation license tax withheld from Schedule V, column D36. _____
 37. Enter your Montana individual income tax withheld from Schedule V, column E37. _____
 38. Payments previously made for tax withheld38. ()
 39. Add lines 36 through 38. **This is your total S corporation backup withholding due.**39. _____
 40. Add lines 32 and 39. **This is your total due.**40. _____

If you wish to use direct deposit, enter your RTN# and ACCT# below.

RTN# _____ ACCT# _____

☐ Checking
☐ Savings
☐ Check this box and attach a copy of your federal Form 7004 to receive your Montana extension.

This return has to be signed by one of the following: president, vice president, treasurer, assistant treasurer, or chief accounting officer.

Declaration

I, the undersigned officer of the corporation for which this return is made, hereby declare that this return, including all accompanying
 schedules and statements, is to the best of my knowledge and belief a true, correct and complete return, made in good faith for the
 income period stated, pursuant to the Montana statutes and regulations.

Signature of officer

Date

Print name

Title

Telephone number, ext.

Name of person or firm preparing return

Date

Preparer's identification number

Telephone number

☐ Check here to authorize the Montana Department of Revenue to discuss your return with the individual/preparer listed above.

Schedule I

Entity name _____ Tax period ending _____ FEIN _____

Apportionment Factors for Multi-state S Corporations

Enter amounts in columns A and B. Enter percentages in column C.

	A. Everywhere	B. Montana	C. Factor
1. Property Factor: Use average value for real and tangible personal property			
1a. Land.....	1a.		
1b. Buildings.....	1b.		
1c. Machinery.....	1c.		
1d. Equipment.....	1d.		
1e. Furniture and fixtures.....	1e.		
1f. Leased property.....	1f.		
1g. Inventories.....	1g.		
1h. Supplies and other.....	1h.		
1i. Property of foreign subsidiaries included in combined unitary group.....	1i.		
1j. Property of unconsolidated subsidiaries included in combined unitary group.....	1j.		
1k. Property of pass-through entities included in combined unitary group.....	1k.		
1l. Multiply amount of rents by 8 and enter result.....	1l.		
Total Property Value add lines 1a through 1l.....			
Take the total in column B and divide it by the total in column A. Multiply the result by 100. This is your property factor.			1. %
2. Payroll Factor:			
2a. Compensation of officers.....	2a.		
2b. Salaries and wages.....	2b.		
Payroll included in:			
2c. Costs of goods sold.....	2c.		
2d. Repairs.....	2d.		
2e. Other deductions.....	2e.		
2f. Payroll of foreign subsidiaries included in combined unitary group.....	2f.		
2g. Payroll of unconsolidated subsidiaries included in combined unitary group.....	2g.		
2h. Payroll of pass-through entities included in combined unitary group.....	2h.		
Total Payroll Value add lines 2a through 2h.....			
Take the total in column B and divide it by the total in column A. Multiply the result by 100. This is your payroll factor.			2. %
3. Sales (Gross Receipts) Factor:			
3a. Gross sales, less returns and allowances.....	3a.		
3b. Sales delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana.....	3b.(1)		
(2) Shipped from within Montana.....	3b.(2)		
3c. Sales shipped from Montana to:			
(1) United States Government.....	3c.(1)		
(2) Purchasers in a state where the taxpayer is not taxable.....	3c.(2)		
3d. Sales other than sales of tangible personal property (i.e. service income).....	3d.		
3e. Less: Intercompany sales.....	3e.	() ()	
3f. Net gains reported on federal Schedule D and federal Form 4797.....	3f.		
3g. Other gross receipts (rents, royalties, interest, etc).....	3g.		
3h. Sales (receipts) of foreign subsidiaries included in combined unitary group.....	3h.		
3i. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group.....	3i.		
3j. Sales (receipts) of pass-through entities included in combined unitary group.....	3j.		
3k. Less: Other intercompany transactions.....	3k.	() ()	
Total Sales Value add lines 3a through 3k.....			
Take the total in column B and divide it by the total in column A. Multiply the result by 100. This is your sales factor.			3. %
4. Add the percentages on lines 1, 2, and 3 in column C. This is the sum of your factors.			4. %
5. Divide the total percentage on line 4, column C, by the number of factors that can be included in the calculation. If there is a value in column A for a factor category (Property, Payroll, or Sales) you should include this factor as part of the calculation (see instructions). Enter the results here and also insert in line 18, page 1 of Form CLT-4S. This is your apportionment factor.			5. %

Schedule II

Entity name _____ Tax period ending _____ FEIN _____

Montana S Corporation Tax Credits

Type of Credit	Amount of Credit
1. Montana Dependent Care Assistance Credit attach Form DCAC	
2. Montana College Contribution Credit attach Form CC	
3. Health Insurance for Uninsured Montanans Credit attach Form HI	
4. Montana Recycle Credit attach Form RCYL	
5. Alternative Energy Production Credit attach Form AEPC	
6. Contractor's Gross Receipts Tax Credit attach supporting schedule	
7. Alternative Fuel Credit attach Form AFCR	
8. Infrastructure Users Fee Credit	
9. Qualified Endowment Credit attach Form QEC	
9a. Qualified Endowment Credit Recapture	()
10. Historical Buildings Preservation Credit attach federal Form 3468	
10a. Historical Buildings Preservation Credit Recapture	()
11. Increase Research and Development Activities Credit attach Form RSCH	
12. Mineral Exploration Incentive Credit attach Form MINE-CRED	
13. Empowerment Zone Credit	
14. Film Production Credit attach Form FPC	
14a. Film Production Credit Recapture	()
15. Biodiesel Blending and Storage Credit attach Form BBSC	
15a. Biodiesel Blending and Storage Credit Recapture	()
16. Oilseed Crushing and Biodiesel Production Credit attach Form OSC	
16a. Oilseed Crushing and Biodiesel Production Credit Recapture	()
17. Geothermal System Credit attach Form ENRG-A	
18. Insure Montana small business health insurance credit. Business FEIN: _____	
NEW 19. Temporary Emergency Lodging Credit attach Form TELC	
Add lines 1 through 19 and enter result. This is the amount of your total credits.	

Any credit allowed to an S corporation has to be attributable to its shareholders using the same proportion that is used when it reported that S corporation's income or loss for Montana income tax purposes. Please provide a detailed breakdown that shows each shareholder's share of the credit.

In order to receive these credits, all shareholders will have to attach their applicable credit forms to their individual income or corporation license tax returns.

Schedule III

Entity name _____ Tax period ending _____ FEIN _____

Montana S Corporation Information

Summary Schedule of Income and Supplemental Information

Shareholder withholding: ☐ yes ☐ no
Composite income tax: ☐ yes ☐ no

Number of Resident Shareholders	
Number of Nonresident Shareholders	
Total Number of Shareholders	

Section A: Resident Shareholders

A	B	C	D
Name Street Address City State Zip Code	Identification Number	Ownership %	Income (See Instructions)
	SSN		
	FEIN		
	SSN		
	FEIN		
	SSN		
	FEIN		
	SSN		
	FEIN		
	SSN		
	FEIN		
Section A Totals			

Section B: Nonresident Individual Shareholders or Second Tier Pass-Through Entity Owners

A	B	C	D	E	F	G
Name Street Address City State Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (See Instructions)	Composite Income Tax (from Schedule IV, Column J)	Shareholder Withholding (from Schedule V, col D or E)	Consent Agreement (year)
	SSN					
	FEIN					
	SSN					
	FEIN					
	SSN					
	FEIN					
	SSN					
	FEIN					
Section B Totals						
Total of Sections A and B. Columns C and D only.						

Use additional sheets if necessary or you may create your own schedule if you use the exact same format used here.

Schedule IV

Entity name _____ Tax period ending _____ FEIN _____

Montana S Corporation Composite Income Tax Schedule

Eligible Participating Shareholders: An eligible participant is a shareholder who is a nonresident individual or a pass-through entity whose only Montana source income for the tax year is from this entity and from other pass-through entities who have elected to file a composite return and pay a composite tax on behalf of the eligible participating shareholder. The entity must retain an executed power of attorney signed by the eligible participating shareholder, authorizing the S corporation to file a composite return and act on the shareholder's behalf.

Enter below in columns A through J the required information and amounts for each eligible participating shareholder.									
A	B	C	D	E	F	G	H	I	J
Name	Social Security Number or Federal Employer Identification Number	Federal income from entity	Standard deduction	Exemption \$X,XXX	Calculate Montana taxable income. Subtract column D from column C then subtract column E from the result.	Enter the appropriate tax from the tax table below.	Montana source income	Ratio. Divide column H by column C and enter result.	Montana composite income tax. Multiply column G times column I and enter result.
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
Column J Total									

Transfer the total from column J to CLT-4S, page 2, line 22.
Column J must agree with Schedule III, Sec. B, Column E.

Use additional sheets if necessary or you may create your own schedule if you use the exact same format used here.

If your Taxable Income is Over		but not Over		Multiply your Taxable Income by		and Subtract		equals your Tax	
\$0		\$X,X00		0.0XX		\$0			
\$X,X00		\$X,X00		0.0X0		\$XX			
\$X,X00		\$X,X00		0.0X0		\$XX			
\$X,X00		\$X,000		0.0X0		\$XXX			

Schedule V

Entity Name _____ Tax period ending _____ FEIN _____

Pass-through Entity Backup Withholding Schedule

Enter the appropriate information below.

Total number of shareholders subject to Schedule V _____				
A	B	C	D	E
Name and address of nonresident individual or second tier pass-through entity	Identification number	Income and backup withholding		
		Montana source income reported on Form PT-WH, line 1	Montana corporation tax withheld Multiply column C by 6.75% and enter result.	Montana individual tax withheld Multiply column C by 6.9% and enter result.
1.				
	SSN			
	FEIN			
2.				
	SSN			
	FEIN			
3.				
	SSN			
	FEIN			
4.				
	SSN			
	FEIN			
5.				
	SSN			
	FEIN			
6.				
	SSN			
	FEIN			
7.				
	SSN			
	FEIN			
Column totals (transfer to Form CLT-4S, page 2, lines 36 and 37 respectively)				
Add totals from column D and column E and enter the result here. This is your total backup withholding.				
Column E total must agree with Schedule III, Section B, Column F.				

Use additional sheets if necessary or you can create your own schedule if you use the exact format used here.

Schedule VI

Entity Name _____ Tax period ending _____ FEIN _____

Reporting of Special Transactions

Complete Schedule VI only if your small business corporation filed for federal income tax purposes any of the federal forms described below. Check the appropriate box indicating which form(s) you filed with your federal income tax return. If your answer is "Yes" to one or more of these forms, you will need to attach a complete copy of your federal income tax return Form 1120S.

1. I filed federal Form 8918 – Material Advisor Disclosure Statement with the Internal Revenue Service.

☐ Yes

Form 8918 is required to be filed by material advisors to any reportable transactions.
2. I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service.

☐ Yes

NOTE: Check this box if your like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property
Form 8824 is used to report each exchange of business or investment property for property of a like-kind.
3. I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service.

☐ Yes

Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest.)
4. I filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service.

☐ Yes

Form 8886 is used to disclose information for each reportable transaction in which you participated.

Complete this section if you made a disbursement to a related party

5. During this tax year I have made payments to related parties (excluding salary compensation) that exceed \$100,000 per recipient.

☐ Yes

If your answer is "Yes" to this question, please provide the name and federal employer identification number of each related party below and the amount that you paid to each related party:

Name	FEIN	Amount of Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____